

State of Alabama

Unified Judicial System

Form C-10

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Rev. 2/95

AFFIDAVIT of SUBSTANTIAL  
HARDSHIP and ORDER

Case Number

2:06-CV-1109-WKW

IN THE Montgomery UNITED STATES COURT OF MIDDLE DISTRICT ALABAMA  
(Circuit, District, or Municipal)STYLE OF CASE: Jody Byrd Plaintiff(s) 2006 DEC 19. A PHS MIDDLE DENTIST Defendant(s) APPROX 12-1-06TYPE OF PROCEEDING: MEDICAL MALPRACTICE CHARGE(s) (if applicable): 42 USC 1983

CIVIL CASE-- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

CIVIL CASE--(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.

CRIMINAL CASE--I am financially unable to hire an attorney and request that the Court appoint one for me.

DELINQUENCY/NEED OF SUPERVISION - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

## SECTION I.

## AFFIDAVIT

## 1. IDENTIFICATION

Full Name Jody Byrd, Plaintiff Date of Birth 7-29-72Spouse's Full Name (if married) Complete Home Address Bullock Prison P.O. Box 5107, Union SpringsAL 36089Number of People Living in Household N/AHome Telephone No. N/AOccupation/Job N/A Length of Employment Driver's License Number N/A \* Social Security Number Employer N/A Employer's Telephone No. Employer's Address Bullock Corr. FacilityP.O. Box 5107, Union Springs, AL 36089

## 2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

 AFDC  Food Stamps  SSI  Medicaid  Other Disability Benefits

## 3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income

Spouse's Monthly Gross Income (unless a marital offense)

Other Earnings: Commissions, Bonuses, Interest Income, etc.

Contributions from Other People Living in Household

Unemployment/Workmen's Compensation,

Social Security, Retirement, etc.

Other Income (be specific) 11 11 11\$ None111111N/A11\$ None\$ None111111111111111111

Monthly Expenses:

A. Living Expenses

(Prison)

Rent/Mortgage

Total Utilities: Gas, Electricity, Water, etc.

Food

Clothing

Health Care/Medical

Insurance

Car Payments/Transportation Expenses

Loan Payment(s)

SCANNED

\* OPTIONAL

12/15/06

